Reviewer's report

Title: Assessment of Quality of care given to Diabetic patients at Jimma University Specialized Hospital Diabetic Follow-up clinic, Jimma, Ethiopia

Version: 2 Date: 27 January 2011

Reviewer: Kirsten J Coppell

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Overall this study covers an interesting worthwhile subject area. Many published audits of diabetes care have been conducted in Western countries, and this study presents a different set of challenges for diabetes care in an under developed country. A lot of information is presented.

Major compulsory revisions

1. The paper would benefit from being written more concisely, particularly the introduction and results sections. The introduction would benefit from primarily focusing on quality of diabetes care and the current situation in Ethiopia, and substantially reducing the part giving an overview of diabetes complications and risk factors.

2. Currently I do not think all the results presented contribute to answering the study question as stated in the abstract (‘to describe the gaps in the care of diabetic patients at Jimma University Specialized Hospital and devise ways to improve it’). Presenting the process measures (number and proportion who had had the various recommended clinical and laboratory measures) earlier in the results section would provide a better context for the outcome measures. It is important to know what proportion of participants did not have various measures completed when considering the mean values. For example table 6, shows that 68% of participants had weight measurements during the last 3 visits. The missing weight measurements may affect the mean weight and units of insulin/kg presented in the text (paragraph 2 of ‘Adequacy of glycaemic control’ section). The mean weight (64.4kg) seems relatively low. Did the proportion having weight measured differ between type 1 and type 2 diabetes patients?

3. The discussion needs to be better structured and focused. The key results followed by possible explanations would help to provide some structure. There are some statements which require explanation, the first and foremost being why was HbA1c not done? Is this a funding/nonavailability issue? And why was body mass index not calculated? Comparisons are made with the Beaton study, yet there are differences between the two study populations. I note that the Ethiopia population was much younger (19% aged 15-34 years) than the Beaton study population (3.4% aged 18-39 years in the diabetes chart review population). Also, although the proportion of type 1 diabetes patients in the Beaton study was not stated, it appears that the Ethiopia study most likely had a much higher proportion of type 1 diabetes patients (36%). This higher proportion of type 1
diabetes patients is likely to influence the results and any potential comparisons. A paper presenting results from a hospital based diabetes clinic audit would be a better comparison.

Minor essential revisions
1. There a number of typographical and grammatical errors throughout the paper.
2. The study question is stated in the abstract, but should also be stated at the end of the introduction section.
3. In the data collection section of the methods, please state what data were collected from patients. Was it demographic information only or was other information gathered that was not presented? Most of the data presented appears that it came from the medical notes only.
4. In ethical considerations of the methods section, please explain what is meant by the sentence “Only interested subjects were included in the study.” Does this imply more than 329 people were invited and some refused to participate? If this is the situation, then what was the response rate? And did the non-responders differ from the responders?
5. In the third paragraph of the ‘Adequacy of glycaemic control’ section is stated, ‘….no attempt for glycaemic control was made for 69.3% (158) of patients with suboptimal control (Table 3).’ How was ‘an attempt’ defined. Please state whether this was medication modification only or whether it included providing lifestyle advice also.
6. In the first sentence in the ‘Assessment of efforts done to watch for and prevent diabetes related morbidities’ section it states ‘…only 68.1% of the patients had their weight measured on each visit of the last 3, the mean for them was 64.4 +/- 12.1kg.’ Please state which result from each individual’s 3 clinic visits was taken to calculate mean values. Was it the last visit or were the three visit results averaged for each individual? Also state in the methods whether the same was done for the other process measures where a mean was calculated eg blood pressure, glucose.
7. Please include an explanation for each of the abbreviations.

Discretionary revisions
1. Was there any attempt to assess provision of lifestyle advice or seeing a dietitian? If so, it would be worthwhile to present these results.

Minor essential revisions
There a number of typographical and grammatical errors throughout the paper.

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Not suitable for publication unless extensively edited
**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests.